



QUARTERLY STATEMENT

AS OF JUNE 30, 2021  
OF THE CONDITION AND AFFAIRS OF THE

Upper Peninsula Health Plan, LLC

NAIC Group Code	04734	(Current Period)	,	04734	(Prior Period)	NAIC Company Code	52615	Employer's ID Number	46-0927995
Organized under the Laws of	Michigan				State of Domicile or Port of Entry	Michigan			
Country of Domicile	United States								
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]		Hospital, Medical & Dental Service or Indemnity [ ]				
	Dental Service Corporation [ ]		Vision Service Corporation [ ]		Health Maintenance Organization [ X ]				
	Other [ ]				Is HMO Federally Qualified? Yes [ ] No [ X ]				
Incorporated/Organized	10/23/1997		Commenced Business		08/01/1998				
Statutory Home Office	853 W. Washington St.				Marquette, MI, US 49855				
	(Street and Number)				(City or Town, State, Country and Zip Code)				
Main Administrative Office	853 W. Washington St.		Marquette, MI, US 49855		888-904-7526				
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)				
Mail Address	853 W. Washington St.		Marquette, MI, US 49855						
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)						
Primary Location of Books and Records	853 W. Washington St.		Marquette, MI, US 49855		888-904-7526				
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)				
Internet Web Site Address	uphp.com								
Statutory Statement Contact	Leslie Ellen Luke				906-227-5696				
	(Name)				(Area Code) (Telephone Number) (Extension)				
	lluke@uphp.com				906-225-8687				
	(E-Mail Address)				(FAX Number)				

OFFICERS

Name	Title	Name	Title
Melissa Ann Holmquist	President	Leslie Ellen Luke	Treasurer
Melanie Lyn Bicigo	Chief Operating Officer	Johanna Marie Novak	Secretary

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Michelle Marie Tavernier	David Barry Jahn	Charles Edward Nelson #	Donald Michael Pawelski
Robert Conrad Deese	Robert Thomas Crumb	Robert Vincent Vairo	Hunter Kyle Nostrant
Garfield Harold Atchison			

State of .....Michigan.....

County of .....Marquette.....

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The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Melissa Ann Holmquist President	Leslie Ellen Luke Treasurer	Johanna Marie Novak Secretary
Subscribed and sworn to before me this 9th day of August, 2021		a. Is this an original filing? Yes [ X ] No [ ]
		b. If no:
		1. State the amendment number
		2. Date filed
		3. Number of pages attached

Mariene S. Beaudry, Notary Public  
December 10, 2021

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	20,228,116		20,228,116	17,063,118
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....	10,756,550		10,756,550	10,944,134
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....26,140,840 ), cash equivalents (\$ .....25,641,230 ) and short-term investments (\$ .....11,791,655 ) .....	63,573,725		63,573,725	78,359,218
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....	442		442	17,369
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	94,558,833	0	94,558,833	106,383,838
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	277,723		277,723	186,464
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,950,911		1,950,911	3,158,284
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ .....356,516 ) and contracts subject to redetermination (\$ ..... ) .....	356,516		356,516	275,243
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	13,799,990		13,799,990	12,551,114
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	315,991	22,462	293,529	335,329
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	153,234	153,234	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	4,117		4,117	5,655
24. Health care (\$ ..... ) and other amounts receivable .....	5,408,677	5,408,677	0	0
25. Aggregate write-ins for other-than-invested assets .....	8,857,240	790,963	8,066,277	7,742,246
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	125,683,232	6,375,336	119,307,896	130,638,173
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	125,683,232	6,375,336	119,307,896	130,638,173
DETAILS OF WRITE-INS				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepays .....	714,552	714,552	0	0
2502. Vehicles .....	76,411	76,411	0	0
2503. IPA Tax receivable .....	8,066,277		8,066,277	7,742,246
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	8,857,240	790,963	8,066,277	7,742,246

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	29,347,066		29,347,066	27,205,984
2. Accrued medical incentive pool and bonus amounts .....	8,251,792		8,251,792	3,089,484
3. Unpaid claims adjustment expenses .....	292,835		292,835	246,634
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	7,393,157		7,393,157	8,070,436
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	5,377		5,377	7,533
9. General expenses due or accrued .....	9,754,803		9,754,803	9,310,092
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....	1,877,565		1,877,565	2,277,841
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	1,041,300		1,041,300	1,047,052
16. Derivatives.....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....	13,634,823		13,634,823	12,440,734
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	71,598,718	0	71,598,718	63,695,790
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX		0
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	3,427,727	3,427,727
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	44,281,451	63,514,656
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	47,709,178	66,942,383
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	119,307,896	130,638,173
DETAILS OF WRITE-INS				
2301. ....			0	0
2302. ....			0	0
2303. ....			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. ....	XXX	XXX		0
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		0
3002. ....	XXX	XXX		0
3003. ....	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	331,129	298,352	613,300
2. Net premium income (including \$ non-health premium income).....	XXX	155,624,770	125,568,946	270,727,269
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0	0
4. Fee-for-service (net of \$ medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	15,809,556	17,002,453	33,507,600
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	95,833
8. Total revenues (Lines 2 to 7) .....	XXX	171,434,326	142,571,399	304,330,702
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		73,343,070	67,403,331	138,780,033
10. Other professional services .....		13,127,170	10,599,873	22,569,132
11. Outside referrals .....		10,519,971	0	0
12. Emergency room and out-of-area .....		13,232,157	10,298,804	25,060,843
13. Prescription drugs .....		24,138,931	18,102,885	35,822,326
14. Aggregate write-ins for other hospital and medical.....	0	132,452	119,360	471,006
15. Incentive pool, withhold adjustments and bonus amounts.....		5,384,348	3,486,455	10,254,173
16. Subtotal (Lines 9 to 15) .....	0	139,878,099	110,010,708	232,957,513
<b>Less:</b>				
17. Net reinsurance recoveries .....			0	300,948
18. Total hospital and medical (Lines 16 minus 17) .....	0	139,878,099	110,010,708	232,656,565
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 1,710,244 cost containment expenses.....		3,133,906	2,908,033	6,071,018
21. General administrative expenses.....		22,681,702	24,056,838	47,262,385
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	165,693,707	136,975,579	285,989,968
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	5,740,619	5,595,820	18,340,734
25. Net investment income earned .....		373,348	726,109	1,255,089
26. Net realized capital gains (losses) less capital gains tax of \$.....		611	271	643
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	373,959	726,380	1,255,732
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )] .....			0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	6,114,578	6,322,200	19,596,466
31. Federal and foreign income taxes incurred .....	XXX		0	0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	6,114,578	6,322,200	19,596,466
<b>DETAILS OF WRITE-INS</b>				
0601. Miscellaneous Revenue.....	XXX	1,034	2,450	5,543
0602. IPA Tax Revenue.....	XXX	15,808,522	15,606,563	31,026,950
0603. ACA Tax Revenue.....	XXX		1,393,440	2,475,107
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	15,809,556	17,002,453	33,507,600
0701. Gain/Loss on Asset disposal.....	XXX		0	(388)
0702. Tiff Revenue.....	XXX		0	96,221
0703. ....	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	95,833
1401. UPHIE Fees.....		132,452	119,360	471,006
1402. ....			0	0
1403. ....			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	132,452	119,360	471,006
2901. ....			0	0
2902. ....			0	0
2903. ....			0	0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	66,942,383	68,294,593	68,294,593
34. Net income or (loss) from Line 32 .....	6,114,578	6,322,200	19,596,466
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....		0	0
39. Change in nonadmitted assets .....	(1,547,783)	336,345	51,324
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	(23,800,000)	(21,000,000)	(21,000,000)
48. Net change in capital and surplus (Lines 34 to 47) .....	(19,233,205)	(14,341,455)	(1,352,210)
49. Capital and surplus end of reporting period (Line 33 plus 48)	47,709,178	53,953,138	66,942,383
<b>DETAILS OF WRITE-INS</b>			
4701. Distribution of Equity.....	(23,800,000)	(21,000,000)	(21,000,000)
4702. ....		0	0
4703. ....		0	0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(23,800,000)	(21,000,000)	(21,000,000)

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	156,071,432	132,483,379	280,512,651
2. Net investment income .....	370,932	847,678	1,847,305
3. Miscellaneous income .....	15,809,556	17,002,453	33,603,433
4. Total (Lines 1 to 3) .....	172,251,920	150,333,510	315,963,389
5. Benefit and loss related payments .....	134,200,880	104,821,853	231,147,600
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	25,379,483	26,378,383	54,855,137
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	0	0	0
10. Total (Lines 5 through 9) .....	159,580,363	131,200,236	286,002,737
11. Net cash from operations (Line 4 minus Line 10) .....	12,671,557	19,133,274	29,960,652
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	8,743,000	8,500,000	20,490,000
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	3,766	163,280	170,748
12.7 Miscellaneous proceeds .....	204,511	188,294	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	8,951,277	8,851,574	20,660,748
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	11,996,230	0	0
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	3,766	163,280	186,439
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	11,999,996	163,280	186,439
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(3,048,719)	8,688,294	20,474,309
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	(24,408,331)	(20,986,067)	(15,938,811)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(24,408,331)	(20,986,067)	(15,938,811)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(14,785,493)	6,835,501	34,496,150
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	78,359,218	43,863,068	43,863,068
19.2 End of period (Line 18 plus Line 19.1) .....	63,573,725	50,698,569	78,359,218

STATEMENT AS OF JUNE 30, 2021 OF THE Upper Peninsula Health Plan, LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	53,839	.0	.0	.0	.0	.0	.0	5,099	48,740	.0
2. First Quarter .....	55,012	.0	.0	.0	.0	.0	.0	4,973	50,039	.0
3. Second Quarter .....	55,971	.0	.0	.0	.0	.0	.0	5,070	50,901	.0
4. Third Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Current Year	0									
6. Current Year Member Months	331,129							30,246	300,883	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	153,398							24,421	128,977	
8. Non-Physician .....	159,810							28,942	130,868	
9. Total	313,208	0	0	0	0	0	0	53,363	259,845	0
10. Hospital Patient Days Incurred	9,657							2,502	7,155	
11. Number of Inpatient Admissions	2,384							506	1,878	
12. Health Premiums Written (a).....	156,270,471							58,232,295	98,038,176	
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	156,270,471							58,232,295	98,038,176	
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	134,200,885							55,847,800	78,353,085	
18. Amount Incurred for Provision of Health Care Services	139,878,099							54,113,906	85,764,193	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 34,741,143

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT  
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					0	0
2. Medicare Supplement .....					0	0
3. Dental only .....					0	0
4. Vision only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....	15,056,993	40,769,966	838,687	12,078,571	15,895,680	12,967,430
7. Title XIX - Medicaid .....	12,737,874	65,414,011	37,498	16,392,310	12,775,372	14,238,555
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8).....	27,794,867	106,183,977	876,185	28,470,881	28,671,052	27,205,985
10. Health care receivables (a) .....			2,014,660	3,394,017	2,014,660	3,782,502
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	21,835	200,206	3,000,000	5,251,792	3,021,835	3,089,484
13. Totals (Lines 9-10+11+12)	27,816,702	106,384,183	1,861,525	30,328,656	29,678,227	26,512,967

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

**Note 1 - Summary of Significant Accounting Policies and Going Concern**

**A) Accounting Practices**

The accompanying statutory financial statements of Upper Peninsula Health Plan, LLC (the “Company”) have been prepared in conformity with accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (“DIFS”). DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners’ (“NAIC”) Accounting Practices and Procedures Manual (“NAIC SAP”).

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

		SSAP#	F/S Page	F/S Line	2021	2020
<u>NET INCOME</u>						
(1)	Upper Peninsula Health Plan, LLC state basis (Page 4, Line 32, Columns 2 & 3)				\$ 6,114,578	\$ 19,596,466
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:	N/A				
(201)	e.g., Depreciation of fixed assets					
(299)	Total	N/A				
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:	N/A				
(301)	e.g., Depreciation, home office property					
(399)	Total	N/A				
(4)	NAIC SAP (1-2-3 = 4)				\$ 6,114,578	\$ 19,596,466
<u>SURPLUS</u>						
(5)	Upper Peninsula Health Plan, LLC state Basis (Page 3, Line 33, Columns 3 & 4)				\$ 47,709,178	\$ 66,942,383
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:	N/A				
(601)	e.g., Goodwill, net; Fixed Assets, net					
(699)	Total	N/A				
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:	N/A				
(701)	e.g., Home office property					
(799)	Total	N/A				
(8)	NAIC SAP (5-6-7 = 8)				\$ 47,709,178	\$ 66,942,383

**B) Use of Estimates in the Preparation of the Financial Statements**

No Material Change

**C) Accounting Policy**

(2) Bonds, Mandatory Convertible Securities & SVO-Identified investments – The Company does not have any mandatory convertible securities or SVO identified investments.

(6) Loan-backed securities – NONE

D) **Going Concern** – There are no conditions or events that would prevent the Company to continue as a going concern.

**Note 2 - Accounting Changes and Corrections of Errors**

No Material Change

**Note 3 - Business Combinations and Goodwill**

No Material Change

**Note 4 - Discontinued Operations**

No Material Change

**Note 5 – Investments**

D. Loan-Backed Securities – NONE

E. Dollar Repurchase Agreements and/or Securities Lending Transactions – NONE

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - NONE

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – NONE

H. Repurchase Agreements Transactions Accounted for as a Sale – NONE

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – NONE

- J. Real Estate – NONE
- M. Working Capital Finance Investments – NONE
- N. Offsetting and Netting of Assets and Liabilities – NONE
- R. Reporting Entity’s Share of Cash Pool by Asset type.

	Asset Type		Percent Share
(1)	Cash		41%
(2)	Cash Equivalents		40%
(3)	Short-Term Investments		19%
(4)	Total		100%

**Note 6 - Joint Ventures, Partnerships, and Limited Liability Companies**

No Material Change

**Note 7 – Investment Income**

No Material Change

**Note 8 - Derivative Instruments**

- A. Derivatives under SSAP No. 86 – Derivatives
  - (8) Aggregate total premium cost – NONE
- B. Derivatives under SSAP No. 108 – Derivative Hedging Variable Annuity Guarantees
  - (1) Gains/losses and deferred assets and liabilities – not applicable
  - (4) Hedging strategies – not applicable

**Note 9 - Income Taxes**

No Material Change

**Note 10 - Information Concerning Parent, Subsidiaries, and Affiliates**

No Material Change

**Note 11 - Debt**

- B. FHLB (Federal Home Loan Bank) Agreements: Not Applicable

**Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits & Compensated Absences, and other Postretirement Benefit Plans**

- A. (4) Defined Benefit Plan Net Periodic Benefit Cost: Not Applicable

**Note 13 - Capital, Surplus, Shareholder’s Dividend Restrictions and Quasi-Reorganizations**

No Material Change

**Note 14 - Contingencies**

No Material Change

**Note 15 - Leases**

No Material Change

**Note 16 - Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

No Material Change

**Note 17 - Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities**

- B. Transfer and Servicing of Financial Assets - NONE
  - (2) Servicing assets and liabilities – NONE
  - (4) Securitizations, asset-backed financing arrangements - NONE

C. Wash Sales - NONE

**Note 18 - Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans**

A. The loss from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows at the end of the 2nd quarter of 2021.

		ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a.	Net reimbursement for administrative expenses ( including administrative fees) in excess of actual expenses	\$ (27,218)	\$ -	\$ (27,218)
b.	Total net other income or expenses (including interest paid to or received from plans)	\$ -	\$ -	\$ -
c.	Net gain or (loss) from operations	\$ (27,218)	\$ -	\$ (27,218)
d.	Total claims payment volume	\$ 25,611,607	\$ -	\$ 25,611,607

**Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

No Material Change

**Note 20 – Fair Value Measurements**

In general, the Level 1 fair values are established from quoted (unadjusted) market prices in active markets for identical assets and liabilities that the Company has the ability to access.

A. Fair Value at Reporting Date

1. Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash (E-1)					
Open Depositories	26,140,840.00	0.00	0.00	0.00	26,140,840.00
Total Cash (E-1)	26,140,840.00	0.00	0.00	0.00	26,140,840.00
Cash Equivalent (E-2)					
Other MM Mutual Fund	25,641,230.00	0.00	0.00	0.00	25,641,230.00
Total Cash Equivalent (E-2)	25,641,230.00	0.00	0.00	0.00	25,641,230.00
Separate account assets	---	---	---	---	---
Total assets at fair value	51,782,070.00	0.00	0.00	0.00	51,782,070.00
b. Liabilities at fair value					
Derivative liabilities	---	---	---	---	---
Total Liabilities at fair value	---	---	---	---	---

2. Fair Value Measurements in Level 3 – NONE

3. The Company’s policy for determining transfers between levels are recognized and determined at the end of the reporting period.

4. As of June 30, 2021, the reported fair value of the reporting entity’s investments in Level 3, NAIC designated 6, residential mortgage-backed securities was \$0.

5. Derivative assets and liabilities - NONE

B. Fair value information disclosed under SSAP No. 100 combined with fair value information under other accounting pronouncements – NONE

C. Aggregate Fair Value of all Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable Carrying Value
Bonds	\$ 20,228,117	\$ 20,306,599	\$ 20,306,599				\$ -
Short Term Investments	\$ 11,791,655	\$ 11,787,037	\$ 11,787,037				
Cash Equivalents	\$ 25,641,230	\$ 25,641,230	\$ 25,641,230			\$ -	
Total	\$ 57,661,002	\$ 57,734,866	\$ 57,734,866	\$ -	\$ -	\$ -	\$ -

D. Not practicable to estimate fair value – NONE

E. The Company does not have any investments measured using the NAV practical expedient pursuant to SSAP No. 100R.

**Note 21 – Other Items**

No Material Change

**Note 22-Events Subsequent**

Type 1 – Recognized subsequent events – Not Applicable

Type 2 – No Material Change

**Note 23-Reinsurance**

No Material Change

**Note 24-Retrospectively Rated Contracts & Contracts Subject to Redetermination**

D. Risk Sharing Provisions of the Affordable Care Act – NONE

**Note 25-Change in Incurred Claims and Claim Adjustment Expense**

- A. Reserves as of December 31, 2020 were \$27,205,985 for unpaid claims and \$246,634 for unpaid claims adjustment expenses. As of June 30, 2021, \$25,818,126 has been paid for incurred claims and attributable to insured events of prior years. Claims expense reserves remaining for prior years are now \$876,185, as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a favorable prior year development of \$511,674 during 2021 for the year ended December 31, 2020. Original estimates are increased or decreased as additional information becomes known regarding individual claims.
- B. There have been no significant changes in the methodologies or assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

**Note 26-Intercompany Pooling Arrangements**

No Material Change

**Note 27-Structured Settlement**

No Material Change

**Note 28-Health Care Receivables**

- A. As of June 30, 2021 the identified pharmacy rebates recorded as healthcare receivables are \$5,408,677.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
6/30/2021	5,408,677	0	0	0	1,914,151
3/31/2021	5,660,460	0	0	0	0
12/31/2020	3,782,502	0	0	0	1,951,750
9/30/2020	3,366,839	0	0	1,918,480	0
6/30/2020	3,191,491	0	0	1,575,655	2,291,249
3/31/2020	5,732,981	0	0	0	0
12/31/2019	3,494,806	0	0	1,598,999	1,721,723
9/30/2019	4,515,114	0	0	0	0
6/30/2019	2,384,331	0	0	1,589,036	0
3/31/2019	4,703,672	0	0	0	0
12/31/2018	2,709,854	0	0	0	1,149,826
9/30/2018	2,064,887	0	0	1,562,030	987,027
6/30/2018	3,061,739	0	0	0	0

B. Risk Sharing Receivables – NONE

**Note 29-Participating Policies**

No Material Change

**Note 30-Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves	<u>\$0</u>
2. Date of the most recent evaluation of this liability	<u>06/30/21</u>
3. Was anticipated investment income utilized in the calculation? (Yes/No)	<u>No</u>

**Note 31-Anticipated Salvage and Subrogation**

No Material Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐

If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☒ No ☐
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0001411494
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒

If yes, complete and file the merger history data file with the NAIC.
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐

If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2020
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2017
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

03/11/2019
- 6.4

By what department or departments?

Michigan Department of Insurance and Financial Services.
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☒ No ☐
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
Apollo Capital Management, L.P.	New York, NY	NO	NO	NO	YES
Apollo Credit Management, LLC	New York, NY	NO	NO	NO	YES
Apollo Global Real Estate Management, L.P.	New York, NY	NO	NO	NO	YES
Apollo Investment Management, L.P.	New York, NY	NO	NO	NO	YES
Apollo Management, L.P.	New York, NY	NO	NO	NO	YES
Apollo Global Securities, LLC	New York, NY	NO	NO	NO	YES
Apollo Senior Floating Rate Fund, Inc.	New York, NY	NO	NO	NO	YES
Apollo Tactical Income Fund, Inc.	New York, NY	NO	NO	NO	YES
Apollo Investment Corporation, Inc.	New York, NY	NO	NO	NO	YES
Athene Securities, LLC	West De Moines, IA	NO	NO	NO	YES

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [X] No [ ]

9.11

If the response to 9.1 is No, please explain:  
.....

9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).  
.....

9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes [X] No [ ]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$ .....4,117

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [X]

11.2

If yes, give full and complete information relating thereto:  
.....

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ .....0

13.

Amount of real estate and mortgages held in short-term investments: .....\$ .....0

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [X]

14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....0	\$ .....
14.22 Preferred Stock .....	\$ .....0	\$ .....
14.23 Common Stock .....	\$ .....0	\$ .....
14.24 Short-Term Investments .....	\$ .....0	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] NA [ ]

If no, attach a description with this statement.

16

For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ .....0
16.2	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ .....0
16.3	Total payable for securities lending reported on the liability page	\$ .....0

GENERAL INTERROGATORIES

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? .....

Yes [X] No [ ]

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
WELLS FARGO INSTITUTIONAL TRUST SERVICES.....	666 Walnut Street, Des Moines, IA 50309.....

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? .....

Yes [ ] No [X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation
Melissa Holmquist, CEO.....	I.....
Leslie Luke, CFO.....	I.....
Jaime Houghton, Controller.....	I.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets?

Yes [ ] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?

Yes [ ] No [X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? .....

Yes [X] No [ ]

18.2 If no, list exceptions:  
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:  
Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or  
a. PL security is not available.  
b. Issuer or obligor is current on all contracted interest and principal payments.  
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?.....

Yes [ ] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
a. The security was purchased prior to January 1, 2018.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is  
c. shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?.....

Yes [ ] No [X]

GENERAL INTERROGATORIES

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:.....
- a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [X]

GENERAL INTERROGATORIES  
PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

91.0 %

1.2 A&H cost containment percent

1.1 %

1.3 A&H expense percent excluding cost containment expenses

14.6 %

2.1 Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

2.2 If yes, please provide the amount of custodial funds held as of the reporting date

\$

2.3 Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

2.4 If yes, please provide the balance of the funds administered as of the reporting date

\$

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes ☐ No ☒

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes ☐ No ☒



SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories											
States, Etc.		1 Active Status (a)	Direct Business Only								
			2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N								.0	
2. Alaska	AK	N								.0	
3. Arizona	AZ	N								.0	
4. Arkansas	AR	N								.0	
5. California	CA	N								.0	
6. Colorado	CO	N								.0	
7. Connecticut	CT	N								.0	
8. Delaware	DE	N								.0	
9. Dist. Columbia	DC	N								.0	
10. Florida	FL	N								.0	
11. Georgia	GA	N								.0	
12. Hawaii	HI	N								.0	
13. Idaho	ID	N								.0	
14. Illinois	IL	N								.0	
15. Indiana	IN	N								.0	
16. Iowa	IA	N								.0	
17. Kansas	KS	N								.0	
18. Kentucky	KY	N								.0	
19. Louisiana	LA	N								.0	
20. Maine	ME	N								.0	
21. Maryland	MD	N								.0	
22. Massachusetts	MA	N								.0	
23. Michigan	MI	L		58,232,295	98,038,176				156,270,471		
24. Minnesota	MN	N								.0	
25. Mississippi	MS	N								.0	
26. Missouri	MO	N								.0	
27. Montana	MT	N								.0	
28. Nebraska	NE	N								.0	
29. Nevada	NV	N								.0	
30. New Hampshire	NH	N								.0	
31. New Jersey	NJ	N								.0	
32. New Mexico	NM	N								.0	
33. New York	NY	N								.0	
34. North Carolina	NC	N								.0	
35. North Dakota	ND	N								.0	
36. Ohio	OH	N								.0	
37. Oklahoma	OK	N								.0	
38. Oregon	OR	N								.0	
39. Pennsylvania	PA	N								.0	
40. Rhode Island	RI	N								.0	
41. South Carolina	SC	N								.0	
42. South Dakota	SD	N								.0	
43. Tennessee	TN	N								.0	
44. Texas	TX	N								.0	
45. Utah	UT	N								.0	
46. Vermont	VT	N								.0	
47. Virginia	VA	N								.0	
48. Washington	WA	N								.0	
49. West Virginia	WV	N								.0	
50. Wisconsin	WI	N								.0	
51. Wyoming	WY	N								.0	
52. American Samoa	AS	N								.0	
53. Guam	GU	N								.0	
54. Puerto Rico	PR	N								.0	
55. U.S. Virgin Islands	VI	N								.0	
56. Northern Mariana Islands	MP	N								.0	
57. Canada	CAN	N								.0	
58. Aggregate other alien	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal	.XXX	.0	58,232,295	98,038,176	.0	.0	.0	.0	156,270,471	.0	
60. Reporting entity contributions for Employee Benefit Plans	.XXX								.0		
61. Total (Direct Business)	XXX	0	58,232,295	98,038,176	0	0	0	0	156,270,471	0	
DETAILS OF WRITE-INS											
58001.		.XXX									
58002.		.XXX									
58003.		.XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.		.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG .....1 R – Registered – Non-domiciled RRGs .....0  
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state .....0 Q – Qualified – Qualified or accredited reinsurer .....0  
N – None of the above – Not allowed to write business in the state .....56

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

- Vaughan Regional Anesthesia, LLC
- PRHC-Ennis G.P., Inc.
- PRHC-Ennis, L.P.
- Principal Hospital Company of Nevada, LLC
- Partnership Mexia Principal Healthcare Limited Partnership
- PRHC-Ennis, L.P.
- Principal-Needles, Inc.
- Teche Regional Physician Practices, LLC
- Valley View Physician Practices, LLC
- Historic LifePoint Hospitals, LLC
- LifePoint Hospitals Holdings, LLC
- AdvantagePoint Health Alliance, LLC
  - AdvantagePoint Health Alliance – Blue Ridge, LLC
  - AdvantagePoint Health Alliance – Bluegrass, LLC
  - AdvantagePoint Health Alliance - Hot Springs, LLC
  - AdvantagePoint Health Alliance – Tennessee Valley, LLC
  - AdvantagePoint Health Alliance – Great Lakes, LLC
  - AdvantagePoint Health Alliance – Laurel Highlands, LLC
  - AdvantagePoint Health Alliance – Northwest, LLC
  - AdvantagePoint Health Alliance – Western North Carolina, LLC
- Ashley Valley Medical Center, LLC
- Ashley Valley Physician Practice, LLC
- Castlevue Medical, LLC
  - Castlevue Hospital, LLC
  - Castlevue Physician Practice, LLC
- HealthyHub, LLC
- Home Health Partner, LLC
- HSC Credentialing Support Services, LLC
- HSCGP, LLC
  - LifePoint Corporate Services, General Partnership
  - America Management Companies, LLC
  - LifePoint Billing Services, LLC
- LifePoint CSLP, LLC
  - LifePoint Corporate Services, General Partnership
- LifePoint Holdings 2, LLC
  - AccessPoint, LLC
  - Acquisition Bell Hospital, LLC
    - Upper Peninsula Health Plan, LLC
    - Upper Peninsula Managed Care, LLC
  - AMG-Crockett, LLC
  - AMG-Livingston, LLC
  - AMG-Logan, LLC
  - AMG-Southern Tennessee, LLC
  - AMG-Trinity, LLC
  - Andalusia Physician Practices, LLC
  - Andalusia Professional Services, LLC
  - Athens Physicians Practice, LLC
  - Athens Regional Medical Center, LLC

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

- Athens Surgery Center Partner, LLC
  - Athens Surgery Center, LLC
- Bell JV, LLC
- Bell Physician Practices, Inc.
- Clark Regional Physician Practices, LLC
- Community Hospital of Andalusia, LLC
- Community Medical, LLC
- Community-Based Services, LLC
- Crockett Hospital, LLC
- Crockett PHO, LLC
- Danville Diagnostic Imaging Center, LLC
- Danville Physician Practices, LLC
- Danville Regional Medical Center, LLC
  - Danville Regional Medical Center School of Health Professions, LLC
- Gateway Health Alliance, Inc.
- Memorial Hospital of Martinsville & Henry County Ambulatory Surgery Center, LLC
- Two Rivers Physician Practices, LLC
- DLP Partner, LLC
  - DLP Healthcare, LLC
    - DLP Marquette Holding Company, LLC
      - DLP Marquette Health Plan, LLC
        - Upper Peninsula Health Plan, LLC
        - Upper Peninsula Managed Care, LLC
      - DLP Marquette General Hospital, LLC
      - DLP Marquette JV, LLC
        - U.P. Imaging Management Services, LLC
      - DLP Marquette Physician Practices, Inc.
  - DLP Cardiac Partners, LLC
  - DLP Central NC Holding Company, LLC
    - DLP Central Carolina Medical Center, LLC
      - DLP Central Carolina Family Medicine, LLC
      - DLP Central Carolina Medical Group, LLC
      - DLP Central Carolina Physician Practices, LLC
    - DLP Central NC JV, LLC
      - Guardian Health Service, L.L.C.
    - DLP Frye Regional Medical Center, LLC
      - DLP Cardiology Associates, LLC
      - DLP Cardiology Physicians, LLC
      - DLP Frye Medical Group, LLC
      - DLP Frye Regional Physician Practices, LLC
      - DLP Graystone Family Practice Associates, LLC
      - DLP Hickory Family Practice Associates, LLC
  - DLP Good Shepherd Holding Company, LLC
    - DLP Good Shepherd JV, LLC
    - DLP Gregg County Hospital, LLC
    - DLP Marshall Medical Center, LLC
  - DLP Harris JV, LLC
  - DLP Harris Regional Hospital, LLC

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

- DLP Western Carolina Physician Practices, LLC
- DLP Haywood Regional Medical Center, LLC
- DLP Maria Parham Medical Center, LLC
  - DLP Maria Parham Physician Practices, LLC
- DLP Person Memorial Hospital, LLC
  - DLP Person Physician Practices, LLC
  - DLP Person Urgent Care, LLC
- DLP Rutherford Regional Health System, LLC
  - DLP Rutherford Physician Practices, LLC
- DLP Swain County Hospital, LLC
- DLP Twin County Holding Company, LLC
  - DLP Twin County Physician Practices, LLC
  - DLP Twin County Regional Healthcare, LLC
- DLP Wilson Holding Company, LLC
  - DLP WilMed Nursing Care and Rehabilitation Center, LLC
  - DLP Wilson Medical Center, LLC
    - DLP Wilson Physician Practices, LLC
- DLP Partner Central Carolina, LLC
- DLP Partner Conemaugh, LLC
- DLP Partner Frye, LLC
- DLP Partner Marquette, LLC
- DLP Partner MedWest, LLC
- DLP Partner Twin County, LLC
- DLP Partner Wilson Rutherford, LLC
- Fauquier Partner, LLC
  - Fauquier Holding Company, LLC
    - Fauquier Diagnostic Imaging Center, LLC
    - Fauquier Long-Term Care, LLC
    - Fauquier Medical Center, LLC
    - Fauquier Physician Practices, LLC
- Georgetown Rehabilitation, LLC
- HDP Andalusia, LLC
- HDP Georgetown, LLC
- Hillside Hospital, LLC
- HSC Manager, LLC
- Kansas Healthcare Management Company, Inc.
  - Kansas Healthcare Management Services, LLC
- Kansas Healthcare Management Services, LLC
- Kentucky Hospital, LLC
- Kentucky Medserv, LLC
- Kentucky Physician Services, Inc. LHSC, LLC
- LifePoint Medical Group – Hillside, Inc.
  - AMG-Hillside, LLC
- LifePoint of Kentucky, LLC
  - Bourbon Community Hospital, LLC
  - Bourbon Physician Practice, LLC
  - Buffalo Trace Radiation Oncology Associates, LLC
  - Fleming Medical Center, LLC

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

- Georgetown Community Hospital, LLC
- HCK Logan Memorial, LLC
- Kentucky MSO, LLC
- Logan Memorial Hospital, LLC
- Meadowview Physician Practice, LLC
- PineLake Physician Practice, LLC
- PineLake Regional Hospital, LLC
- R. Kendall Brown Practice, LLC
- Silechnik Practice, LLC
- Woodford Hospital, LLC
- Logan Physician Practice, LLC
- LifePoint of Lake Cumberland, LLC
  - LCMC PET, LLC
  - Somerset Surgery Partner, LLC
    - Lake Cumberland Surgery Center, LP
  - Lake Cumberland Cardiology Associates, LLC
  - Lake Cumberland Physician Practices, LLC
    - LCMC MRI, LLC
  - Lake Cumberland Regional Hospital, LLC
  - Lake Cumberland Regional Physician Hospital Organization, LLC
- LifePoint RC, Inc.
- Livingston Regional Hospital, LLC
- Logan Medical, LLC
- Meadowview Rights, LLC
- Northwest Medical Center-Winfield, LLC
- Norton Partner, LLC
  - The Regional Health Network of Kentucky and Southern Indiana, LLC
    - RHN Clark Memorial Hospital, LLC
    - RHN Clark Memorial Physician Practices, LLC
    - RHN Scott Memorial Hospital, LLC
    - RHN Scott Physician Practices, LLC
- NWMC-Winfield Hospitalist Physicians, LLC
- NWMC-Winfield Physician Practices, LLC
- OmniPoint Surgical Associates, LLC
- Piedmont Partner, LLC
- Portage Holding Company, LLC
  - PH Copper Country Apothecaries, LLC
  - Portage Hospital, LLC
    - Portage Calumet MOB, LLC
  - Portage JV, LLC
    - Ontonagon Community Health Center, Inc.
    - Upper Peninsula Health Plan, LLC
    - Upper Peninsula Managed Care, LLC
  - Portage Physician Practices, Inc.
- Portage Partner, LLC
- Professional Billing Services, LLC
- Providence Holding Company, LLC
  - Providence Group Practices, LLC

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

- Providence Group Practices II, LLC
- Providence Hospital, LLC
  - PERS Legacy, LLC
  - Providence Imaging Center, LLC
  - Providence Professional Services, LLC
- Providence Physician Practices, LLC
- River Parishes Hospital, LLC
- River Parishes Partner, LLC
- River Parishes Physician Practices, LLC
- Riverview Medical Center, LLC
- Riverview Physician Practices, LLC
- Rockdale Clinically Integrated Medical Care Organization, LLC
- Rockdale Hospital, LLC
- Rockdale Physician Practices, LLC
- Smith County Memorial Hospital, LLC
- Southern Tennessee EMS, LLC
- Southern Tennessee Medical Center, LLC
- Southern Tennessee PHO, LLC
- Spring View Hospital, LLC
- Spring View Physician Practices, LLC
- Springhill Medical Center, LLC
- St. Francis Propco, LLC
- Sumner Partner, LLC
  - Sumner Ambulatory Surgery Center, LLC
- Sumner Physician Practices, LLC
- Sumner Real Estate Holdings, LLC
- Sumner Regional Medical Center, LLC
  - SST Community Health, L.L.C.
- THM Physician Practice, LLC
- Trousdale Medical Center, LLC
- Trousdale Physician Practices, LLC
- Ville Platte Medical Center, LLC
- Watertown Partner, LLC
  - Watertown Holding Company, LLC
  - Watertown JV, LLC
    - Watertown Network, LLC
  - Watertown Medical Center, LLC
  - Watertown Physician Practices, LLC
- Wythe County Community Hospital, LLC
- Wythe County Physician Practices, LLC
- LifePoint NMTC, LLC
- LifePoint PSO, LLC
- Logan General Hospital, LLC
  - Logan Healthcare Partner, LLC
- My HealthPoint, LLC
- Poitras Practice, LLC
- Riverton Oncology Practice, LLC
- Shared Business Services, LLC

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

- LifePoint Acquisition Corp.
  - LifePoint VA Holdings, Inc.
    - Clinch Professional Physician Services, LLC
    - Clinch Valley Medical Center, Inc.
    - Clinch Valley Physicians Associates, LLC
    - Clinch Valley Pulmonology, LLC
    - Clinch Valley Urology, LLC
    - Orthopedics of Southwest Virginia, LLC
  - LifePoint WV Holdings, Inc.
    - Raleigh General Hospital, LLC
    - West Virginia Management Services Organization, Inc.
- Lima HoldCo, LLC
  - DLP Lima Partner, LLC
    - DLP Conemaugh Holding Company, LLC
      - DLP Conemaugh Memorial Medical Center, LLC
      - DLP Conemaugh Miners Medical Center, LLC
      - DLP Conemaugh Meyersdale Medical Center, LLC
      - DLP Conemaugh Physician Practices, LLC
      - DLP Conemaugh JV, LLC
  - Lander Valley Physician Practices, LLC
  - Lawton Holdings, LLC
    - Lawton Surgery Investment Company, LLC
    - Southwestern Medical Center, LLC
    - Southwestern Neurosurgery Physicians, LLC
    - Southwestern Physician Services, LLC
    - Southwestern Radiology Affiliates, LLC
    - Southwestern Surgical Affiliates, LLC
  - Nason Medical Center, LLC
  - Nason Physician Practices, LLC
  - Palestine-Principal G.P., Inc.
    - Palestine Principal Healthcare Limited Partnership
  - RCHP-Ottumwa Holdings, Inc.
    - Ottumwa Physicians, LLC
      - Ottumwa ER, LLC
      - Ottumwa Health Group, LLC
    - RCHP-Ottumwa, LLC
      - Collaborative Laboratory Services, L.L.C.
      - RRL Ottumwa, LLC
  - Riverton Memorial Hospital, LLC
  - Riverton Physician Practices, LLC
  - Western Plains Regional Hospital, LLC
    - Dodge City Healthcare Group, LLC
    - Western Plains Physician Practices, LLC
- Lima HoldCo Parent, LLC
- Capella Health Holdings, LLC
  - Capella Holdings, LLC
    - Capella Healthcare, LLC
    - Capella DISCO, LLC

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

- Carolina Pines Holdings, LLC
  - Hartsville Medical Group, LLC
  - Hartsville, LLC
- Kershaw Health Holdings, LLC
  - Kershaw Anesthesia, LLC
  - Kershaw Clinics, LLC
  - Kershaw Hospital, LLC
  - KershawHealth Ambulatory Surgery Center, LLC
  - KershawHealth Cancer Center, LLC
- Midlands HealthOne Network, LLC
- Muskogee Holdings, LLC
  - Capella Holdings of Oklahoma, LLC
    - Muskogee Medical and Surgical Associates, LLC
    - Muskogee Physician Group, LLC
    - Muskogee Regional Medical Center, LLC
    - Providence MRI Associates, L.L.C.
    - Providence Radiologic Services, L.C.
- NPMC Holdings, LLC
  - Arkansas Healthcare Services, LLC
  - Hot Springs Imaging Center, LLC
  - Hot Springs National Park Hospital Holdings, LLC
    - National Park Real Property, LLC
  - National Park Cardiology Services, LLC
  - National Park Endoscopy Center, LLC
  - National Park Family Care, LLC
  - National Park GI Services, LLC
  - NPMC, LLC
- Oregon Healthcorp, LLC
  - McMinnville Immediate Health Care, LLC
  - Willamette Valley Clinics, LLC
  - Willamette Valley Health Solutions, LLC
  - Willamette Valley Medical Center, LLC
- RCCH PMDS, LLC
- RCCH Washington Holdings, LLC
  - CMCH Holdings, LLC
  - Lourdes Holdings, LLC
    - Lourdes Hospital, LLC
    - Lourdes Physician Services, LLC
- PNWCIN LLC
- RCCH-Northwest, LLC
  - RCCH-UW Medicine Healthcare Holdings, LLC
    - CCMC Holdeo, LLC
    - RCCH Trios Health Holdings, LLC
    - RCCH Trios Health, LLC
      - High Desert Surgery Center, L.L.C.
    - RCCH Trios Physicians, LLC
- Saline County Hospital, LLC
- St. Joseph Holdings, LLC

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

- St. Joseph Hospital, LLC
  - SJPMC Interventional Radiology Services, LLC
  - St. Joseph Physician Services, LLC
- St. Mary’s Holdings, LLC
  - Russellville Holdings, LLC
  - Saint Mary’s Primary Care Network, LLC
  - St. Mary’s Physician Services, LLC
  - St. Mary’s Specialty, LLC
- Saline County Medical Center Joint Venture, LLC
  - Saline Clinics, LLC
  - Saline Hospital, LLC
- RCHP, LLC
  - Point of Life Indemnity, LTD.
  - RCHP Management Company, Inc.
  - RegionalCare Hospital Partners, LLC
    - Essent Healthcare, Inc.
      - EHCO, LLC
        - Essent Healthcare of Massachusetts, Inc.
          - Essent Haverhill Healthcare Group, Inc.
        - Essent DISCO, LLC
        - Essent Healthcare – Ayer, Inc.
          - Essent – Ayer Healthcare Group, Inc.
        - Essent Healthcare – Paris, Inc.
          - EHC PRMC G.P., LLC
            - Essent PRMC, L.P.
              - Texas & Oklahoma Preferred Provider System
          - EHC PRMC L.P., LLC
            - Essent PRMC, L.P.
          - Lamar County Clinical Services, Inc.
          - PRMC ER Group, Inc.
          - PRMC Healthcare Group, Inc.
        - Essent Healthcare – Pennsylvania, Inc.
          - Essent Healthcare – Waynesburg, LLC
        - SRMC Healthcare Group, LLC
      - Essent Realty, Inc.
      - Sharon Hospital Holding Company
        - Essent Healthcare of Connecticut, Inc.
    - Florence Physicians, LLC
      - ECM Health Group, LLC
      - ECM TVCC, LLC
      - North Alabama Neuroservices, LLC
      - North Alabama Ob-Gyn, LLC
      - Shoals Health Group, LLC
      - Shoals Obstetrics and Gynecology, LLC
      - North Alabama RCO Holding Company, LLC
      - My Care Alabama, Inc.
    - RCHP-Clinical Trials, LLC
    - RCHP DISCO, LLC

STATEMENT AS OF JUNE 30, 2021 OF THE Upper Peninsula Health Plan, LLC

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000.....		00000.....	27-0470646.....				RegionalCare Hospital Partners, LLC.....	DE.....	NIA.....	RCHP, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N	
00000.....		00000.....	47-4000401.....				RHN Clark Memorial Hospital, LLC.....	DE.....	NIA.....	The Regional Health Network of Kentucky and Southern Indiana, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N	
00000.....		00000.....	61-1764853.....				RHN Clark Memorial Physician Practices, LLC.....	DE.....	NIA.....	RHN Clark Memorial Hospital, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N	
00000.....		00000.....	46-1113518.....				RHN Scott Memorial Hospital, LLC.....	DE.....	NIA.....	The Regional Health Network of Kentucky and Southern Indiana, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N	
00000.....		00000.....	37-1705734.....				RHN Scott Physician Practices, LLC.....	DE.....	NIA.....	RHN Scott Memorial Hospital, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N	
00000.....		00000.....	20-0959379.....				River Parishes Hospital, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N	
00000.....		00000.....	20-2502853.....				River Parishes Partner, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N	
00000.....		00000.....	20-1227403.....				River Parishes Physician Practices, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N	
00000.....		00000.....	62-1762468.....				Riverton Memorial Hospital, LLC.....	DE.....	NIA.....	Lima HoldCo, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N	
00000.....		00000.....	26-3839861.....				Riverton Oncology Practice, LLC.....	DE.....	NIA.....	LifePoint Hospitals Holdings, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N	
00000.....		00000.....	62-1763635.....				Riverton Physician Practices, LLC.....	DE.....	NIA.....	Lima HoldCo, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N	

STATEMENT AS OF JUNE 30, 2021 OF THE Upper Peninsula Health Plan, LLC

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000.....		00000.....	62-1762469.....				Riverview Medical Center, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	45-3853399.....				Riverview Physician Practices, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	45-4282120.....				Rockdale Clinically Integrated Medical Care Organization, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	26-3202930.....				Rockdale Hospital, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	27-1363956.....				Rockdale Physician Practices, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	27-2258662.....				RRL Ottumwa, LLC.....	DE.....	NIA.....	RCHP-Ottumwa, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	62-1771866.....				Russellville Holdings, LLC.....	DE.....	NIA.....	St. Mary's Holdings, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	35-2632651.....				Saint Mary's Primary Care Network, LLC.....	DE.....	NIA.....	St. Mary's Holdings, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	81-2831831.....				Saline Clinics, LLC.....	DE.....	NIA.....	Saline County Medical Center Joint Venture, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	37-1875655.....				Saline County Hospital, LLC.....	DE.....	NIA.....	Capella Healthcare, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	37-1828157.....				Saline County Medical Center Joint Venture, LLC.....	DE.....	NIA.....	Capella Healthcare, LLC.....	Ownership.....	51.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	

STATEMENT AS OF JUNE 30, 2021 OF THE Upper Peninsula Health Plan, LLC

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000.....		00000.....	37-1828157.....				Saline County Medical Center Joint Venture, LLC.....	DE.....	NIA.....	Saline County Medical Center.....	Ownership.....	49.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	71-0799300.....				Saline FirstCare, Inc.....	AK.....	NIA.....	Saline Hospital, LLC.....	Ownership.....	50.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	71-0799300.....				Saline FirstCare, Inc.....	AK.....	NIA.....	Physician Investors.....	Ownership.....	50.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	81-2816675.....				Saline Hospital, LLC.....	DE.....	NIA.....	Saline County Medical Center Joint Venture, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	47-4681738.....				Shared Business Services, LLC.....	DE.....	NIA.....	LifePoint Hospitals Holdings, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	33-1032693.....				Sharon Hospital Holding Company.....	DE.....	NIA.....	EHC0, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	32-0381422.....				Shoals Health Group, LLC.....	DE.....	NIA.....	Florence Physicians, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	37-1741217.....				Shoals Obstetrics and Gynecology, LLC.....	DE.....	NIA.....	Florence Physicians, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	45-5495321.....				Sierra Vista Regional Health Center Medical Group, L.L.C.....	AZ.....	NIA.....	RCHP-Sierra Vista Physicians Holding, Inc.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	62-1762275.....				Siletnchik Practice, LLC.....	DE.....	NIA.....	LifePoint of Kentucky, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	46-3218523.....				SJRMCInterventional Radiology Services, LLC.....	ID.....	NIA.....	St. Joseph Hospital, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	

STATEMENT AS OF JUNE 30, 2021 OF THE Upper Peninsula Health Plan, LLC

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000.....		00000.....	62-1762490.....				Smith County Memorial Hospital, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	62-1864098.....				Somerset Surgery Partner, LLC.....	DE.....	NIA.....	LifePoint of Lake Cumberland, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	62-1763622.....				Southern Tennessee EMS, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	62-1762535.....				Southern Tennessee Medical Center, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	62-1824632.....				Southern Tennessee PHO, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	62-1757662.....				Southwestern Medical Center, LLC.....	DE.....	NIA.....	Lawton Holdings, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	20-1084297.....				Southwestern Neurosurgery Physicians, LLC.....	OK.....	NIA.....	Lawton Holdings, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	57-1141094.....				Southwestern Physician Services, LLC.....	OK.....	NIA.....	Lawton Holdings, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	27-3256164.....				Southwestern Radiology Affiliates, LLC.....	DE.....	NIA.....	Lawton Holdings, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	26-3311227.....				Southwestern Surgical Affiliates, LLC.....	DE.....	NIA.....	Lawton Holdings, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	20-0155414.....				Spring View Hospital, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	

STATEMENT AS OF JUNE 30, 2021 OF THE Upper Peninsula Health Plan, LLC

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000.....		00000.....	20-4302480.....				Spring View Physician Practices, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	62-1754936.....				Springhill Medical Center, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	20-4269117.....				SRMC Healthcare Group, LLC.....	DE.....	NIA.....	Essent Healthcare Pennsylvania, Inc.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	62-1835614.....				SST Community Health, L.L.C.....	TN.....	NIA.....	Sumner Regional Medical Center, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	47-5607993.....				St. Francis Affiliated Services, LLC.....	DE.....	NIA.....	St. Francis Holding Company, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	47-5259919.....				St. Francis Health, LLC.....	DE.....	NIA.....	St. Francis Holding Company, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	84-4055816.....				St. Francis Holding Company, LLC.....	DE.....	NIA.....	Georgia Healthcare Partner, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	47-5419443.....				St. Francis Physician Practices, LLC.....	DE.....	NIA.....	St. Francis Holding Company, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....					St. Francis Propco, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	61-1804883.....				St. Joseph Holdings, LLC.....	DE.....	NIA.....	Capella Healthcare, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	61-1804883.....				St. Joseph Hospital, LLC.....	DE.....	NIA.....	St. Joseph Holdings, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	

STATEMENT AS OF JUNE 30, 2021 OF THE Upper Peninsula Health Plan, LLC

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000.....		00000.....	81-4256127.....				St. Joseph Physician Services, LLC.....	DE.....	NIA.....	St. Joseph Holdings, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	26-4088270.....				St. Mary's Holdings, LLC.....	DE.....	NIA.....	Capella Healthcare, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	62-1769626.....				St. Mary's Physician Services, LLC.....	DE.....	NIA.....	St. Mary's Holdings, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	32-0609817.....				St. Mary's Specialty, LLC.....	DE.....	NIA.....	St. Mary's Holdings, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	84-5159736.....				Sumner Ambulatory Surgery Center, LLC.....	DE.....	NIA.....	Sumner Partner, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	84-5127938.....				Sumner Partner, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	27-2618964.....				Sumner Physician Practices, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	27-2618993.....				Sumner Real Estate Holdings, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	27-2618766.....				Sumner Regional Medical Center, LLC.....	DE.....	NIA.....	LifePoint Holdings 2, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	47-4583254.....				Teche Regional Physician Practices, LLC.....	DE.....	NIA.....	Province Healthcare Company, LLC.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	
00000.....		00000.....	75-2623970.....				Texas & Oklahoma Preferred Provider System.....	TX.....	NIA.....	Essent PRMC, L.P.....	Ownership.....	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.....	N.....	

STATEMENT AS OF JUNE 30, 2021 OF THE Upper Peninsula Health Plan, LLC

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000		00000	26-2477205				Texas Specialty Physicians	TX	NIA	Mexia-Principal, Inc.	Ownership	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.	N	
00000		00000	62-1762591				THM Physician Practice, LLC	DE	NIA	LifePoint Holdings 2, LLC	Ownership	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.	N	
00000		00000	80-0835692				The Regional Health Network of Kentucky and Southern Indiana, LLC	DE	NIA	Norton Partner, LLC	Ownership	75.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.	N	
00000		00000	80-0835692				The Regional Health Network of Kentucky and Southern Indiana, LLC	DE	NIA	Norton Enterprises, Inc.	Ownership	25.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.	N	
00000		00000	27-2618876				Trousdale Medical Center, LLC	DE	NIA	LifePoint Holdings 2, LLC	Ownership	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.	N	
00000		00000	45-3853454				Trousdale Physician Practices, LLC	DE	NIA	LifePoint Holdings 2, LLC	Ownership	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.	N	
00000		00000	36-4796940				Two Rivers Physician Practices, LLC	DE	NIA	Danville Regional Medical Center, LLC	Ownership	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.	N	
00000		00000	27-2272410				U.P. Imaging Management Services, LLC	MI	NIA	DLP Marquette JV, LLC	Ownership	100.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.	N	
04734	Apollo Global Mgmt Grp	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	IA	Acquisition Bell Hospital, LLC	Ownership	5.4	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.	N	
04734	Apollo Global Mgmt Grp	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	IA	DLP Marquette Health Plan	Ownership	59.0	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.	N	
04734	Apollo Global Mgmt Grp	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	IA	Portage JV, LLC	Ownership	10.5	Apollo Global Management, Inc.; Leon Black; Joshua Harris; Marc Rowan.	N	

## 16.7

## PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
0000010	Upper Peninsula Managed Care, LLC has a contractual relationship only with the insurer.....

Asterisk	Explanation
0000010	Upper Peninsula Managed Care, LLC has a contractual relationship only with the insurer.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Response

.....NO.....

Explanation:

Bar Code:

1.

  
5 2 6 1 5 2 0 2 1 3 6 5 0 0 0 0 2

**OVERFLOW PAGE FOR WRITE-INS**

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	10,944,134	11,319,300
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Current year change in encumbrances .....		.0
4. Total gain (loss) on disposals .....		.0
5. Deduct amounts received on disposals .....		.0
6. Total foreign exchange change in book/adjusted carrying value .....		.0
7. Deduct current year's other-than-temporary impairment recognized .....		.0
8. Deduct current year's depreciation .....	187,584	375,166
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	10,756,550	10,944,134
10. Deduct total nonadmitted amounts .....	.0	.0
11. Statement value at end of current period (Line 9 minus Line 10) .....	10,756,550	10,944,134

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Capitalized deferred interest and other .....		.0
4. Accrual of discount .....		.0
5. Unrealized valuation increase (decrease) .....		.0
6. Total gain (loss) on disposals .....		.0
7. Deduct amounts received on disposals .....		.0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		.0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		.0
10. Deduct current year's other-than-temporary impairment recognized .....		.0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	.0	.0
12. Total valuation allowance .....		.0
13. Subtotal (Line 11 plus Line 12) .....	.0	.0
14. Deduct total nonadmitted amounts .....	.0	.0
15. Statement value at end of current period (Line 13 minus Line 14) .....	0	0

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Capitalized deferred interest and other .....		.0
4. Accrual of discount .....		.0
5. Unrealized valuation increase (decrease) .....		.0
6. Total gain (loss) on disposals .....		.0
7. Deduct amounts received on disposals .....		.0
8. Deduct amortization of premium and depreciation .....		.0
9. Total foreign exchange change in book/adjusted carrying value .....		.0
10. Deduct current year's other-than-temporary impairment recognized .....		.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	.0	.0
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12) .....	0	0

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	17,063,118	37,660,852
2. Cost of bonds and stocks acquired .....	11,996,230	.0
3. Accrual of discount .....	2,933	16,492
4. Unrealized valuation increase (decrease) .....	.0	.0
5. Total gain (loss) on disposals .....	.611	.643
6. Deduct consideration for bonds and stocks disposed of .....	8,743,000	20,490,000
7. Deduct amortization of premium .....	91,776	124,869
8. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
9. Deduct current year's other-than-temporary impairment recognized .....	.0	.0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	.0	.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	20,228,116	17,063,118
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12) .....	20,228,116	17,063,118

STATEMENT AS OF JUNE 30, 2021 OF THE Upper Peninsula Health Plan, LLC

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	26,446,227	10,095,169	4,619,000	(151,624)	26,446,227	31,770,772	0	21,939,163
2. NAIC 2 (a).....	249,000				249,000	249,000	0	250,000
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	26,695,227	10,095,169	4,619,000	(151,624)	26,695,227	32,019,772	0	22,189,163
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0				0	0	0	0
9. NAIC 2 .....	0				0	0	0	0
10. NAIC 3 .....	0				0	0	0	0
11. NAIC 4 .....	0				0	0	0	0
12. NAIC 5 .....	0				0	0	0	0
13. NAIC 6 .....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	26,695,227	10,095,169	4,619,000	(151,624)	26,695,227	32,019,772	0	22,189,163

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ .....11,791,656 ; NAIC 2 \$ ..... ;

NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	11,791,655	XXX	11,904,724	93,490	93,534

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	5,126,046	1,103,704
2. Cost of short-term investments acquired .....	11,904,723	5,148,428
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	5,079,000	1,100,000
7. Deduct amortization of premium.....	160,114	26,086
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	11,791,655	5,126,046
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	11,791,655	5,126,046

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION  
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	64,395,812	32,720,939
2. Cost of cash equivalents acquired .....	20,588,542	147,496,877
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals.....	3,766	170,749
6. Deduct consideration received on disposals .....	59,346,890	115,992,753
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	25,641,230	64,395,812
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	25,641,230	64,395,812

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

## E04

## E04

E04

E04

## E05

## E05

E05

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

Schedule DB - Part E

NONE



## SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]